

IOWA DEPARTMENT OF NATURAL RESOURCES AIR QUALITY BUREAU

442

Initial Notification for Compression Ignition Engines^a

REC'D

Facility Information

APCO

Name of Firm/Company:	Facility Name (if dif	ferent):			cility Nun own):	iber (if
Iowa Lutheran Hospital				No	one	
Equipment Location - Street:		City:			State:	Zip:
700 E. University at Pennsylvania Avenue Mailing Address (if different):		Des M	Ioines	Hillisa	IA State:	50316 Zip:
Warming Fradress (II different).	ORDER THE PERSON AND A CORE	City.		MARKET !	State.	Zip.
Person to Contact:	Phone number:		Email (if av	aila	ble):	
Denny Williamson	(515) 241-5895 williamd@ihs.org					
This facility is a (please choose one): Major source: potential or actual en (HAP) or 25 tons of a combination of I Area source: potential and actual en	HAP			1aza	ırdous air Į	oollutant
Identification of Standard						

Yes, this facility is subject to 40 CFR Part 63, Subpart ZZZZ, National Emission Standards for Hazardous Air

Pollutants for Reciprocating Internal Combustion Engines (RICE NESHAP):

This is an example of the type of information that must be submitted to fulfill the Initial Notification requirement of 40 CFR 63, Subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

Engine Data

Emission Unit Number	Emission Unit Description	Is this an emergency engine?	Construction Date	Engine Model Year	Brake Horsepower (bhp)
8.00	565 kW Diesel Generator	No	1970	1970	750
9.00	600 kW Diesel Generator	No	1970	1970	800
10.00	900 kW Diesel Generator	No	2005	2005	1200

Existing units: Initial notifications are required to be submitted by August 31, 2010 for the following:

Area sources:

Non-emergency engines > 300 bhp, installed before June 12, 2006

Major sources:

Non-emergency engines > 500 bhp, installed before December 19, 2002, and Non-emergency engines > 100 and ≤ 500 bhp, installed before June 12, 2006

New units: Initial notifications are required to be submitted within 120 days of startup for the following:

Major sources:

All engines > 500 bhp installed on or after December 19, 2002

Signature

		Responsible Official Certification	All Courses and the second		
X	I certify the truth, accuracy, and completeness of this notification.				
Respo	onsible Official Name	Responsible Official Signature	Date		
Gary	Gibson	Thomas & Orion	9-22-10		

Submit this notification to the following agencies:

- Director, Air and Waste Management Division, U.S. Environmental Protection Agency, 901 N. 5th Street, Kansas City, KS 66101
- NESHAP Coordinator, Iowa Department of Natural Resources, 7900 Hickman, Suite 1; Windsor Heights, IA, 50324
- If the facility is located in either Linn County or Polk County, this notification shall <u>also</u> be submitted to the appropriate county office:

Polk County Public Works – Air Quality Division 5885 NE 14th Street; Des Moines, IA 50313

Linn County Public Health - Air Quality Division 501 13th Street NW; Cedar Rapids, IA 52405